



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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MARK J. SALADINO
TREASURER AND TAX COLLECTOR

May 17, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10744917 in amount of \$1,666.66
Account Number 10933324 in amount of \$5,557.30
Account Number 11091666 in amount of \$8,982.37
Account Number 11195166 in amount of \$21,333.33
Account Number 11201902 in amount of \$84,622
Account Number 11349404 in amount of \$4,833

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

FILED
2007 MAY 17 AM 11:18
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

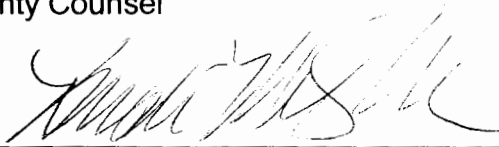
MJS:SFJ:ke

X:Comp.92

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 92A
DATE: May 17, 2007

Amount of Aid	\$52,787.00	Account Number	10744917
Amount Paid	0.00	Name	Adult Male
Balance Due	52,787.00	Service Date	01/12/03 thru 01/20/03
Compromise Amount Offered	1,666.66	Facility	LAC USC Medical Center
Amount to be Written Off	\$51,120.34	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$52,787.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$5,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,000.00	\$1,666.66	33.33%
County of Los Angeles	52,787.00	1,666.66	33.33%
Net to Client	N/A	1,666.68	33.34%
Total	\$54,787.00	\$5,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 92B
DATE: May 17, 2007

Amount of Aid	\$74,652.00	Account Number	10933324
Amount Paid	0.00	Name	Adult Female
Balance Due	74,652.00	Service Date	10/04/04 thru 04/13/06
Compromise Amount Offered	5,557.30	Facility	LAC USC Medical Center
Amount to be Written Off	\$69,094.70	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was a victim of an assault. She was treated at LAC USC Medical Center at a cost of \$74,652.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$17,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,833.33	\$ 5,833.33	33.33%
Attorney Cost	828.08	828.08	4.73%
County of Los Angeles	74,652.00	5,557.30	31.76%
Net to Client	N/A	5,281.29	30.18%
Total	\$81,313.41	\$17,500.00	100.00%

Our financial investigation reveals that the client is unemployed and receives public assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 92C
DATE: May 17, 2007

Amount of Aid	\$52,856.00	Account Number	11091666
Amount Paid	0.00	Name	Adult Male
Balance Due	52,856.00	Service Date	11/02/05 thru 01/04/06
Compromise Amount Offered	8,982.37	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,873.63	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$52,856.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
American Medical Response	1,017.63	1,017.63	3.39%
County of Los Angeles	52,856.00	8,982.37	29.95%
Net to Client	N/A	10,000.00	33.33%
Total	\$63,873.63	\$30,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from his relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 92D
DATE: May 17, 2007

Amount of Aid	\$88,548.00	Account Number	11195166
Amount Paid	0.00	Name	Adult Male
Balance Due	88,548.00	Service Date	12/19/03 thru 02/23/04
Compromise Amount Offered	21,333.33	Facility	MLK Medical Center
Amount to be Written Off	\$67,214.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at **MLK Medical Center** at a cost of \$88,548.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$69,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 27,600.00	\$27,600.00	40.00%
Attorney Cost	9,585.74	5,000.00	7.24%
County of Los Angeles	88,548.00	21,333.33	30.93%
Net to Client	N/A	15,066.67	21.83%
Total	\$125,733.74	\$69,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from her mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 92E
DATE: May 17, 2007

Amount of Aid	\$124,252.00	Account Number	11201902
Amount Paid	0.00	Name	Adult Male
Balance Due	124,252.00	Service Date	04/17/05 thru 07/25/06
Compromise Amount Offered	84,622.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 39,630.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$124,252.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$300,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$100,000.00	\$100,000.00	33.33%
Attorney Cost	596.00	596.00	0.19%
American Medical Response	1,056.25	1,056.25	0.35%
ISI J. Russ, M.D., Inc.	423.50	287.64	0.09%
Professional Service Group	365.00	248.20	0.08%
East L A Doctors Hospital	3,304.18	2,246.72	0.74%
JJ & R Emergency Medical Group	1,780.00	1,210.40	0.40%
White Memorial Medical Center	7,559.85	5,140.70	1.73%
Mid Valley Health-Care Center	7,825.00	5,321.00	1.77%
County of Los Angeles	124,252.00	84,622.00	28.23%
Net to Client	N/A	99,271.09	33.09%
Total	\$247,161.78	\$300,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his daughter. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 92F
DATE: May 17, 2007

Amount of Aid	\$79,066.00	Account Number	11349404
Amount Paid	0.00	Name	Adult Male
Balance Due	79,066.00	Service Date	08/16/05 thru 08/29/05
Compromise Amount Offered	4,833.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$74,233.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$79,066.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,933.00	\$ 4,933.00	32.88%
Attorney Cost	200.00	200.00	1.33%
LA City Fire Dept.	745.00	745.00	4.96%
County of Los Angeles	79,066.00	4,833.00	32.24%
Net to Client	N/A	4,289.00	28.59%
Total	\$84,944.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed and earns a marginal income. He has no other source of income or tangible assets.